



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP
FEB 10 2025

BY 9285 *EG*

1. Entry ID Number 62331		2. Exact name of the Corporation L & M MANAGEMENT, INC.			
3. Principal Office Address 155 Jenckes Hill Road			City Lincoln	State RI	Zip 02865
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, OWN AND MANAGE REAL ESTATE.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MICHEL G. LAMBERT			Vice-President Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
Secretary Name MICHEL G. LAMBERT			Treasurer Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name MICHEL G. LAMBERT			Director Name LUC M. LAMBERT		
Street Address 155 Jenckes Hill Road			Street Address 60 Madeira Avenue		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative MICHEL G. LAMBERT, PRESIDENT				Date February 4, 2025	
Signature of Authorized Representative <i>Michel G. Lambert</i>					